PROUNCE	20231	1402		
REQUEST FOR PATENT F	EE REFUND			
7 2 2 500	ial/Patent	# 10	5/9,330	
3 Please refund the following fee(s):	4 PAPER	5 DATE	7/1/338	
Amendment	NUMBER	FILED	6 AMOUNT	r r
	/	12/22/05	\$ 50	
Extension of Time			\$	_
Notice of Appeal/Appeal Petition			\$	\dashv
Issue			\$	\dashv
			\$	\dashv
Cert of Correction/Terminal Disc. Maintenance			\$	\dashv
Assignment			\$	\dashv
Other			\$	\parallel
			\$	1
7	TOTAL AMOU	. \$		1
10 Day	TEFUND	1 9	50	1
10 REASON:	TO BE REFU	NDED BY:	20	
e overpayment		ury Check		
Duplicate Payment	Credi	t Deposit	A/C #	
No Fee Due (Explanation):	9 / /	114	7 1	
			1710	
11 REFINE				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: A JOHNSON SIGNATURE:				
OFFICE: 4 Polymon	TITLE:	Marale	egal	
***	PHONE:	308-9	140	
THIS SPACE RESERVED FOR FINANCE USE ONLY:	****			
		~ ~ ~ * * * * * *	*****	
Instructions for completion of this form appear on the backwhite and yellow copies to the official file and				
yellow copies to the official significant on the bac	k 16			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B